

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000097271

FILED
Apr 26, 2011
Secretary of State

Entity Name: CODINA PARTNERS, LLC

Current Principal Place of Business:

135 SAN LORENZO AVENUE
SUITE 750
CORAL GABLES, FL 33146

New Principal Place of Business:

135 SAN LORENZO AVENUE
SUITE 750
CORAL GABLES, FL 33146 US

Current Mailing Address:

135 SAN LORENZO AVENUE
SUITE 750
CORAL GABLES, FL 33146

New Mailing Address:

135 SAN LORENZO AVENUE
SUITE 750
CORAL GABLES, FL 33146 US

FEI Number: 27-1082074

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAGG, K. LAWRENCE
% WHITE & CASE
200 S BISCAYNE BLVD -STE 4900
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

GRAGG, K. LAWRENCE
135 SAN LORENZO AVENUE SUITE 750
CORAL GABLES, FL 33146 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: K. LAWRENCE GRAGG

04/26/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: CEO
Name: CODINA, ARMANDO
Address: 135 SAN LOREZNO AVENUE, STE 750
City-St-Zip: CORAL GABLES, FL 33146

Title: P
Name: GRAGG, K. LAWRENCE
Address: 135 SAN LOREZNO AVENUE, STE 750
City-St-Zip: CORAL GABLES, FL 33146

Title: VST
Name: BARLICK, ANA-MARIE C
Address: 135 SAN LOREZNO AVENUE, STE 750
City-St-Zip: CORAL GABLES, FL 33146

Title: ASAT
Name: GRAGG, K. LAWRENCE
Address: 135 SAN LOREZNO AVENUE, STE 750
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: K. LAWRENCE GRAGG

ASAT

04/26/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date